Getting More than Mobility

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I met June as part of a small evaluation team visiting her service. We were assessing the service by first understanding the identity and needs the people being supported and then assessing how well the service understood who they are serving. June had recently been placed in the nursing home we were visiting by her family who believed she could no longer look after herself. It was a pretty common scenario. But in June's case this assumption was made (by very well-meaning people) as a result of her husband dying and her recent loss of vision. The family's perspective was that she was now unsafe at home and could therefore not look after herself.

June too felt dismay and fear at her changing circumstances; grief stricken at the loss of her life-long partner, and overwhelmed by the decisions, appointments, and uncertainty that lay before her. Of course her children knew what was best and she needed to accept things as they were in-spite of the deep pain she felt at also losing her home - forever.

When I met June, she had been in the nursing home for six years. Being otherwise fit and healthy, the blindness she experienced was perceived as a "super" impairment and it was assumed that it had produced total dependency. This meant that others assumed June would be unable to maintain the roles she had always held, and would be dependent on others for virtually meeting all of her needs. Thus her identity as a mother, grandmother, wife, bowler, church goer, avid gardener, neighbour, and best friend (and numerous other connecting roles) was replaced by "blind resident". We discovered that much of June's situation had arisen not just from her vision impairment, but from the perspectives of her impairment held by others. Indeed, the social repercussions of her impairment seemed to produce worse outcomes for June, than did the impairment itself. However, we also discovered that June's residential service agency had also made heavy assumptions about her needs. For instance we learnt that June had not ventured independently from her room in all the time she had been in that facility. No one had taken the time to orientate her to the building and its many amenities, and June had maintained a lonely vigil in her room fearing getting lost should she ever attempt to venture out. The service apparently assumed there would be no benefit in showing June how she might move through the facility independently and securing the resources of mobility instructors to enable this to happen.

We also learnt that the service had received glowing commendations from its recent audit; it had complied with all the funder's requirements admirably, even to the point of claiming that the service represented "best practice" in aged care. But June spent most of her day alone, except for the routine visits of staff delivering meals, helping in personal care and cleaning, and by her children who visited occasionally from interstate.

We realised that much of the "Good Life"(Wolfensberger, Thomas, & Caruso,

1996) that June once had was now lost and that everyone associated with her now felt that her needs for identity, relationship, belonging, and connection were strangely irrelevant when you could not see. Her identity had become equated with her impairment.

We also learnt that mobility is not just a skill to be learned, but a major means for maintaining her personal identity roles, and therefore, maintaining and even enhancing the good things of life she had once had. Working with her on her orientation and mobility would have provided not just the competences necessary for her roles, but also the image of being competent, to the extent that it could have profoundly influenced the perspectives *others* had of June's potential. Given that adjustment to her circumstances, she might well have kept her home and all that goes with it.

References

Wolfensberger, W., Thomas, S., & Caruso, G. (1996). Some of the universal "good things of life" which the Implementation of Social Role Valorization can be expected to make more accessible to devalued people. *The International Social Role Valorization Journal*, *2*(2) 12-14.

Note: Social Role Valorisation (SRV) is an empirically based concept that examines the ways humans evaluate each other and the ways that supporters, agencies, and even society might act to ensure that people at risk of devaluation can maintain valued social roles and the resultant "Good Life" that such roles enable. Training in SRV is available in each Australian state and in New Zealand. SRV training details are available at: http://www.socialrolevalorization.com/training/events/australasia/index.html

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